

**Virginia Department of Health, Division of Disease Prevention  
Ryan White CARE Act Part B and HIV Prevention Services  
Public Hearing Minutes  
Richmond, Virginia  
October 23, 2007**

The public hearing began at 11:40 am. There were 38 attendees and four representatives from the Virginia Department of Health (VDH).

Ami Gandhi, HIV Community Planner for VDH, welcomed participants and introduced VDH representatives. A brief overview of the public hearing process was given and ground rules were discussed. Attendees were informed that questions and comments not asked during the meeting could be submitted within the next two days for inclusion into the minutes.

Ms. Gandhi provided an update on HIV prevention services at VDH. Participants were given an overview of the Virginia HIV Community Planning Committee (HCPC) and were encouraged to apply for membership. Updates were also given on the upcoming release of the 2008 Comprehensive HIV Prevention Plan and the 2008 Epidemiology Profile, both of which are anticipated to be released December 1, 2007.

Ms. Gandhi then opened the floor up for comments and questions regarding HIV prevention services in Virginia. One attendee asked what prevention services were being provided through VDH. VDH staff provided an overview of the HIV prevention grant programs and other services provided through VDH.

Another attendee asked if there was one place to go to learn about services and stated that VDH needed to reach out to affected communities so they would be aware of the services available. Another attendee stated that people do not know where to go to find services and suggested a “community day” where community members could learn about services available and meet VDH contractors. Ms. Gandhi informed attendees of the HIV/AIDS Resource and Referral List, which is available on-line and through the Virginia Disease Prevention Hotline. Attendees were given the hotline phone number.

One attendee stated that the contractors providing services have a responsibility to educate the community. Another attendee stated that that responsibility should also lie in the hands of the consumers needing the services.

An attendee stated that there is too much emphasis in HIV prevention in the gay, lesbian, bisexual, and transgender (GLBT) community, and not enough targeting the heterosexual community. One attendee stated that there should be more prevention services for HIV-negative individuals that do not fit into a target population.

Another attendee suggested a “one-stop” service where care and prevention could be integrated, which could be accomplished through a Request for Proposals (RFP) process. One attendee stated that those providing services need to collaborate with each other. A suggestion

was made to have someone at the Infectious Disease Clinic at MCV provide prevention information.

It was also stated that more basic street outreach is needed to reach at-risk populations. This attendee also stated that more individuals need to advocate for prevention services and suggested that people work with Virginia Organizations Responding to AIDS (VORA) to advocate for more prevention funds. Another attendee followed up in stating that no dollars are allocated by Richmond City for HIV prevention services or education.

Safere Diawara, contract monitor for the Health Care Services unit at VDH, then gave an update of health care services. An overview of the programs of Health Care Services was provided and then a brief history was reviewed in regard to the lack of services and needs of south central Virginia, specifically Emporia, that was presented at last year's central region public hearing and the end result of establishing services in Emporia as a result of the messages received.

Attendees voiced disappointment at procedures in accessing their ADAP medications from the A.D. Williams Building (ID Clinic Pharmacy) at VCU, requiring a two to three-hour wait before receiving them. A primary complaint was clients having long waits even if refills were called in advance. This is a deterrent to continuing treatment and, thereby, decreasing treatment adherence.

A suggestion was proposed that VDH should consider increasing the Virginia FPL allowances for Ryan White services eligibility from its current 300% to 400%. Another attendee suggested that methadone needed to be added to the ADAP list. Mr. Diawara explained the process of how medications are added to the ADAP formulary and told the attendee that requests for adding medications can be given to the ADAP advisory committee.

In a closing comment, it was suggested by attendees that VCU basically runs the Consortium and that there are no longer "town hall" meetings or retreats geared for consumers. VDH staff responded by stating that Ryan White funds must be a last resort resource and they cannot be used for a retreat meeting. VDH is currently working to organize an all Ryan White Parts meeting which will give an additional opportunity to consumers and providers to share their regional and statewide experiences.